

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90170 037 ****61.25

DOCUMENT # N04000007098 1. Entity Name A WOMAN'S ANSWER MEDICAL CENTER, INC.					
Principal Place of Business 4203 NW 67TH TERR. GAINESVILLE, FL 32606			Mailing Address 4300 NW 23RD AVE. SUITE 528 GAINESVILLE, FL 32606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042006 Chg-NP CR2E037 (11/05) 4. FEI Number 20-1521374	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCOTT, JOAN I 4203 NW 67TH TERR. GAINESVILLE, FL 32606			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, JOAN I		NAME		
STREET ADDRESS	4203 NW 67TH TERR.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRANDJEAN BROWN, JOCELYNE		NAME		
STREET ADDRESS	22122 NW CR 235-A		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PELKEY, SEAN		NAME	TD Thomas J. Pernice	
STREET ADDRESS	2601 NW 23RD BLVD., APT. 147		STREET ADDRESS	10124 SW 17th Place	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PELKEY, MARGARET		NAME	VD John M. Stiena, M.D.	
STREET ADDRESS	2601 NW 23RD BLVD., APT. 147		STREET ADDRESS	8801 NW 23rd Ave.	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			1/10/06 352-373-1764		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		